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ABSTRACT

Described is a slide show for teaching and counseling mentally handicapped persons about their sexuality. Advantages of the slide approach are seen to include lack of expense and ease of adaptation for differing levels of students. The approach is said to focus on factual and emotional aspects as well as responsibilities involved in sexuality. Described are sample topics, such as parts of the body, male and female puberty, social behavior, birth control, venereal disease, and marriage. (CL)

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SEX EDUCATION RESOURCES FOR THE MENTALLY RETARDED

by Winifred Kempton, MSS

Presentation at the National Annual Meeting of the Council on Exceptional Children, Wednesday, April 7, 1:30-4:30 in Chicago, Illinois, at the workshop on "Sexuality and the Retarded", moderated by Medora Bass.

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My presentation this afternoon is going to focus on resources for teaching sex education to the mentally handicapped -- special resources and tools that are becoming increasingly important for those who are teaching or planning to teach in this field.

The fact that I am here speaking on this subject this afternoon is in itself a signal that we are making progress in our efforts to include sexual rights and the positive aspects of sexuality for the retarded in the normalization process. When I began to research this subject, I spent three entire days in the library of one of our State Institutions without finding one reference in any of the journals to masturbation, homosexuality, heterosexuality or any other aspect of sexual behavior that retarded individuals have been indulging in in spite of the former's attempt to "desex" them. Only ten years ago, pioneers in this field were routinely ignored, or even greeted with hostility. It took "normalization," "de-institutionalization," "mainstreaming" and the civil rights movement to break the ice. To paraphrase Sol Gordon,[1] as we began recognizing that the retarded are human, we simultaneously discovered, not surprisingly, that they are also sexual.

Looking back over my seven years of involvement in the area of

sexuality and the mentally handicapped, I can trace the various stages of progress by recalling the evolving content of the many presentations and training workshops that I have participated in, sometimes with ~~colleagues~~ colleagues such as today's panel members. Speaking very generally we saw an "anxiety-allaying" stage, when anxiety over the sex-related problems of the mentally handicapped finally began to overshadow the attitudes that they were not sexual at all. Meetings throughout the country in those early years were spent discussing ideas that now seem like truisms. It was then that we ~~began~~ began to widely affirm that the mentally handicapped are sexual like everyone else; that we need to accept them as sexual beings and recognize that they have sexual rights; and that teaching them about sex will not mean that they will "reproduce like rabbits" or have uncontrollable sexual urges.

The retarded, we said, need sex education more than anyone else, because they cannot easily learn about sexuality from friends, books or observing the behavior of others, and they have more than usual difficulty with sorting out reality from unreality. They need training in social skills, particularly in how to show affection and love in a socially acceptable manner. And they need training to protect them from being sexually used or abused as they become a part of their community.

During these public affirmations, we have felt a stirring of acceptance and approval from those who care for the retarded person's daily needs as well as from administrative personnel. And we believe that we have made a successful start in allaying some of the fears and

anxieties that impelled those who are responsible for the retarded to rigidly restrict their lives in the name of protecting them from reproducing or becoming involved in other problem situations arising from their sexual behavior.

From the beginning, however, those who listened to us realized that they were ill-prepared to carry out our recommendations. It is generally acknowledged that where sexuality is concerned, everyone is retarded. This includes top-level professionals whose education had never included how to implement programs that could teach the retarded the positive aspects of sexuality or train them in appropriate social skills. It was apparent that parents were no better off; they needed direction and help also. These are still pressing needs today, for both parents and professionals alike.

So the second stage of this movement for sexual rights for the mentally handicapped began in an attempt to fill this lack of education and training. Across the country, agencies, schools and institutional staff have mobilized, and training courses by the dozens are being conducted in most areas of the United States. I personally have been involved in such programs in more than 30 states and I would estimate that to date about one-fourth of those who work with the retarded have been involved in at least one workshop on sexuality. I do feel that the field of retardation is in a state of turmoil over the sexuality of their mentally handicapped

people. At the moment, nearly everyone is at a different level of sophistication. Some of us still have anxieties that need to be addressed before we can deal effectively with sexuality. Some of us are concerned about what the parents will do, what the administrators will do, and how the community will react to our commitment to a sex education program.

However, we see progress with with those involved in training programs who are saying, "We feel ready to teach the mentally retarded about themselves as sexual beings, but we need some tools to teach them". So, in speaking to you today about resources and teaching techniques, I see us in a third stage -- that of presenting resources to teach the retarded about their sexuality.

I have been verifying this need for the past six months by doing some simple research as I ask participants in my workshops and seminars to rate, in order of importance to them, those aspects of a sex education program: First, comfort and ability to talk about sex to clients; Second, knowledge of sexuality; Third, skills and techniques needed to teach the retarded; and Fourth, specifically designed resources for teaching or counseling. An increasing number of persons are listing as their top priority that they need the resources. And this indicates progress, that they finally feel ready to deal with this difficult subject of sexuality.

I would like to focus particularly on one tool that I have had a hand in developing: a slide show we named "Sexuality and the Mentally Handicapped". (The title is not very original, I admit, but we must admit there is a meager choice of titles in this area.) We believe this will be a very valuable teaching tool. I would like to stress in my presentation today that it is not only for those of you with enough experience to use it immediately, but also for those of you who may need it in the future and will remember that such slides are available.

Naturally, I don't mean to imply that these slides are the only good resources available. In fact, for the best results they should be augmented with other teaching tools and methods. For example, when describing childbirth, a doll that can give birth to a baby could be used to illustrate. Or a male doll with genitalia can be passed around in a group of girls for a three dimensional demonstration. Many of the slides should accompany a dramatic play session as described in my book "Sex Education For Persons With Disabilities That Hinder Learning".

After four years of hard work, we're very excited about this slide show. Many people worked on it: Gail Hansen, Peg White and a Committee from our Philadelphia Council on Sexuality and the Retarded. Many others gave valuable time to review and criticize elements of the show, particularly the narration. It is not finished, but we feel it can be used

as is until the finished product comes out from Stanfield House in Santa Monica, California.

This slide show was made possible by a grant from HEW's Developmental Disabilities program, designed to develop resources for teaching the retarded sex education and counseling them in sexuality-related areas. Our decision to develop a slide show rather than using film or some other medium was based on a number of considerations.

First, slides are very inexpensive in comparison to films or pictures. Each slide costs about fifteen cents. A comparable picture would cost $1-$2 each. Second, an entire set can be purchased and then edited to meet all levels of mental ability. That is, all of the slides can be used for the borderline retarded person, and then accordingly eliminated as the intellectural capacity goes down. There are pictures for everyone; only the very severely retarded would not understand any of them. Third, slides depicting certain sexual acts, that would not be permitted because of administrative restrictions, can be put aside. For example, there is a law in California that prohibits showing the act of sexual intercourse in a classroom. California teachers can still use most of the slides that explain reproduction, while conforming to the law withholding the five explicit slides of sexual intercourse. Fourth, slides that cover subject matter or show scenes that make the teacher uncomfortable can be taken out until he or she is ready to look at them or talk about them. And finally, I imagine, those of you who have

tried to use films with the retarded will agree with me that slides are preferable. The problems of using film with the retarded are inherent and difficult to surmount. For example, how can we make a film that can reach all levels? If a film is designed to teach children, it would necessarily talk down to the retarded adult. Higher-level films, on the other hand, are confusing, present concepts too rapidly and are difficult to use for discussion.

The development of this slide show began four years ago in the resource committee of our Philadelphia Council on Sexuality and the Mentally Retarded. After many meetings it was decided that the essential subject matter for a sex education program geared to retarded persons could be put into six categories. For the younger retarded person, sets would be developed on parts of the body, male puberty and female puberty. For the adolescent and adult, there should be sets on social behavior, reproduction, and birth control and VD. Our advisors also agreed that each slide should be accompanied with a written concept about its teaching goal, including not only the factual but emotional aspects and accompanied by the responsiblities innvolved in being a sexual person. Last year a seventh category was added, one that emerged from our experience in teaching the retarded about sexuality. The title of this seventh set is "Marriage and Parenthood".

From our contacts with parents and the observations of professionals, it has become apparent that the mentally handicapped need to understand

the fundamentals of marriage and responsiblities of parenting. Why? Because we are learning that many retarded persons, especially those who have lived in institutions for many years, often have no idea at all of what marriage means, or they hold a very superficial and warped impression. For example a house parent in Pittsburgh relates that John, one of his clients, came to breakfast one morning dressed in his best clothes. In conversation, John explained that he was planning to get married that morning. The house parent realized with horor that John had no comprehension of either the practical or the legal responsibilities he was assuming -- perhaps for the rest of his life.

We have also learned that retarded women who understand the responsibilities of parenthood are not as apt to unthinkingly assume the role of a mother. If they are self-sufficient, they realize that motherhood would mean giving up their jobs and becoming dependent on their parents again. If they are enjoying their lives, they often feel that having a baby would interfere, and therefore they are more likely to use birth control effectively.[2] Lower-level retarded girls, we have found, also speak less casually of having babies if they have some understanding of the physical aspects of pregnancy and the birth process. Their fantasies of having a new doll-like baby given them to play with are counteracted when the trials and tribulations of bearing and raising a child are realistically presented.

Success in sex education is determined by the teacher as a person rather than as an expert. No matter who we are working with, there are

certain basic guidelines all sex educators should follow, and these techniques are vital to the effective use of this slide show.[3]

When using the show, start where your students are; never "pump in" until you have drawn out what information they know, correcting misinformation. Don't wait for questions; they usually don't know what to ask or how to ask it. Listen to what they are asking, and answer directly and honestly -- and, when appropriate, with a flexible sense of humor.

Have your students repeat and clarify each point to avoid confusion. Use their own words for sexual terms, until you have taught them the proper ones. Use dramatic play to teach appropriate behavior; the teacher can often predict future behavior by the way they respond. And use graphic tools, such as dolls with genitalia, clay, puppets, many pictures in various forms, including the slides I am presenting.

Each set of slides has been used and reviewed by both American and European sex educators and it is very exciting to hear about their experiences. One teacher told me that the first time she showed the picture of the naked man to her group of adult retarded women, there was pandemonium in the room for about five minutes -- shrieks, running about, one woman hiding under the table. When their excitement subsided, they settled down to a serious discussion of the subject.

Last week I showed set #1 -- Parts of the Body -- to 20 retarded

adults in Maine, before a group of parents. The experience demonstrated dramatically to the parents that most retarded persons are interested and can learn about sexuality, something of what they already knew, and what they need to know.

I am going to close now with a demonstration of how the slides can be used to teach mentally handicapped students. I hope that many of you will be able to repeat our experiences -- will find this slide show to be a useful tool. And finally, I hope that as you use this show, you will give us feedback on your experiences with it, so that we can all work together in building the resources we need.

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1 de la Cruz, Felix F. and Gerald D. LaVeck (Ed) Human Sexuality and The Mentally Retarded. pg. 67. Brunner/Mazel, Publishers, NY NY 1973.

2 Kempton, Winifred and Rose Forman. Guidelines For Training In Sexuality and The Mentally Handicapped. pg. 125. PPSEP, Publishers, Philadelphia, PA. 1976.

3 Kempton, Winifred. A Teacher's Guide To Sex Education For Person's With Learning Disabilities. pg. xii. Duxbury Press, Publishers. N. Scituate, MASS. 1975.